INTERPRETING THE TABLES

This is an explanation about how to interpret the tables that are presented in this report. Each table presents a set of prevalence estimates weighted to represent the proportion of the non-institutionalized adult population age 18 years and older in Montana, unless a different demographic group is specified. Weighting adjusts for different prob-ability of selection by the random dialing procedure and the varied demographic characteristics of the respondents (see Methods, page 05). As a result, for the table below, it is appropriate to state that "*among Montana adults, 18 through 64 years of age, 22.6% did not have health care coverage in 2010.*" For this table, all adults includes only those less than 65 years of age, because those age 65 years and older are assumed to have Medicare coverage.

The survey questions that the tables are based on ap-pear in the footnote of the table. For the full question and response categories from which the data were derived see the "Questionnaires" link in the left menu of www.brfss.mt.gov,

Weighted data are used in all calculations of preva-lence. The weighted population estimate in the foot-note provides the estimated number of adults in Mon-tana who are characterized by a particular risk factor or behavior. The unweighted sample size (UnWt. N.) is the number of respondents who gave a particular response, but this is given only as an indicator of sam-ple size. It is not appropriate to use unweighted num-bers to compute prevalence estimates of risk factors and health conditions. Unless stated differently within the table, estimates do not include respondents who refused to answer the question, said "Don't know/Not Sure" or the response is missing.

These tables also contain 95% confidence intervals (CI) for each estimate. The 95% CI is the range of values within which the true value falls with 95% cer-tainty. The column headings of LL represent the lower limit and UL represent the upper limit of the 95% con-fidence interval. *The confidence interval associated with the prevalence estimate for adults ages 18 to 64 with no health care coverage ranges from 20.4% to 24.9%.* The small width of this confidence interval in-dicates that the estimate is fairly precise.

Risk factors or health conditions may be more or less common among Montana adults of various de-mographic groups. In general, where confidence intervals for two subgroups being compared do not overlap, the subgroups can be said to be statistically different. Formal statistical tests, such as chi-square, are needed to evaluate statistically significant differ-ences when confidence intervals overlap. For exam-ple from this table, *"Females reported not being able to see a doctor due to costs in the prior year more often than males (16.2 % and 10.5%)."* This is a statistically significant difference because the confidence intervals do not overlap.

Table 4: Access to Health Care, Montana Adults, 2010 (with 95% confidence intervals)							
	No Health Care Coverage (18 to 64) †				Couldn't Afford to see Dr. (past 12 months) ‡		
		95% CI				95% CI	
	Wt.%	LL	UL	UnWt. N	Wt.%	LL	UL	UnWt. N
All Adults	22.6	20.4	24.9	962	13.4	11.9	15.0	833
Sex:								
Male	24.5	21.1	28.3	420	10.5	8.4	13.1	269
Female	20.7	18.2	23.4	542	16.2	14.3	18.3	564
Age:								
18 - 24	NSDᐃ			67	14.4	7.8	24.9	25
25 - 34	30.2	24.6	36.3	156	20.7	16.0	26.2	111
35 - 44	19.6	16.3	23.4	184	16.0	13.0	19.6	140
45 - 54	17.9	15.4	20.7	273	15.4	13.1	18.0	229
55 - 64	15.5	13.5	17.8	282	12.0	10.2	13.9	218
65+		Not applicable			3.4	2.7	4.3	102
Education:								
<High School	34.1	25.4	44.1	108	21.5	15.0	30.0	94
High School	31.3	27.1	35.8	387	13.9	11.5	16.7	266
Some College	23.6	19.2	28.7	299	15.8	12.7	19.5	273
College Degree	10.2	8.3	12.5	168	8.4	7.0	10.2	198
Income:								
<$15,000	46.4	38.5	54.5	245	31.9	25.9	38.5	229
$15,000 - $24,999	45.3	37.7	53.2	280	21.4	16.4	27.4	217
$25,000 - $49,999	24.4	20.8	28.5	284	13.4	11.3	15.9	228
$50,000 - $74.999	10.9	6.9	16.7	59	8.4	5.6	12.3	70
$75,000 +	3.3	2.0	5.4	34	3.2	2.0	5.2	37
Race/Ethnicity:								
White, non-Hispanic	21.8	19.5	24.3	743	12.8	11.3	14.6	644
AI/AN*	28.6	22.4	35.7	138	18.0	14.0	22.9	121
Other or Hispanic**	NSDᐃ			74	18.4	11.9	27.3	62
Disability:								
Disability	24.0	19.8	28.8	263	22.0	18.8	25.6	400
No Disability	22.2	19.7	24.9	696	10.3	8.8	12.1	427
Region:								
1- Eastern MT	19.2	15.3	23.8	108	10.1	7.8	13.0	91
2- N Central MT	23.0	17.9	29.1	203	11.4	8.8	14.6	166
3- S Central MT	19.6	15.1	25.1	122	12.9	9.6	17.1	102
4- Southwest MT	19.5	15.1	24.9	148	13.6	10.1	18.1	146
5- Northwest MT	27.2	23.4	31.2	371	14.9	12.7	17.3	319
MMSA-Billings	17.5	12.7	23.7	54	13.3	9.6	18.1	57
MMSA-Helena	12.8	8.8	18.2	47	9.6	6.4	14.4	51
MMSA-Kalispell	22.9	18.4	28.0	106	13.9	10.6	17.8	84

† Do you have any kind of health care coverage (analysis limited to ages 18-64)?
  Total Sample Size: 4,789, Weighted Prevalence Estimate: 138,000.
‡ Did you need to see a doctor in the past year, but could not because of the cost?
  Total Sample Size: 7,286, Weighted Prevalence Estimate: 102,000.
* American Indian or Alaska Native only.
** All other non-White (including multiracial) or Hispanic.
ᐃ Not Sufficient Data to report a reliable estimate.

Following CDC guidance, data that are considered unreliable have been suppressed. If the total number of respon-dents in the sample (found in the footnote for each question) is less than 50, then the data are not reported. Also, if the half-width of the confidence interval is greater than plus or minus 10 percentage points, the estimate has a large degree of statistical error and is considered unreliable. In tables where NSD is presented, it means that there was "not sufficient data" to report, i.e., either too few respondents in the population subgroup that answered the question or too wide a confidence interval to give a reliable estimate.